



OPERATING PROCEDURE

***CARDIAC EMERGENCIES
SUPRAVENTRICULAR TACHYCARDIA
STABLE PATIENT***

Effective Date:
November 2, 1990

Revised:
October 1, 2000

Approved By:

Approved By Operational Medical Director:

ALS ONLY

IF AT ANYTIME, THE QRS COMPLEX IS 0.12 SECONDS OR GREATER, TREAT PATIENT UNDER VENTRICULAR TACHYCARDIA PROTOCOL.

1. Connect patient to EKG monitor and document SVT. Obtain a 12 lead EKG as soon as possible.
2. Establish an IV 0.9% Sodium Chloride. Establish a second IV as needed and as time allows. Do not delay transport to establish a second IV
3. Instruct the patient to perform a vagal maneuver. May be repeated 2 times. Monitor and record rhythm for EKG changes during procedure.
4. If SVT persists, administer ADENOSINE:

ADENOSINE IS CONTRAINDICATED FOR PATIENTS TAKING THEOPHYLLINE & PERSANTINE. IT IS ALSO TO BE USED WITH CAUTION WITH PATIENTS WITH REACTIVE AIRWAY DISEASES SUCH AS COPD & ASTHMA.

- ☐ Adult: 6 mg extremely rapid IV push immediately followed by a 20 cc bolus of Normal Saline.
 - ☐ Pediatric: 0.1mg/kg extremely rapid IV push immediately followed by a 2 to 5 cc bolus of Normal Saline
5. Wait 1 to 2 minutes. If SVT persists, administer ADENOSINE:
 - ☐ Adult: 12 mg extremely rapid IV push immediately followed by a 20 cc bolus of Normal Saline.
 - ☐ Pediatric: 0.2mg/kg extremely rapid IV push immediately followed by a 2 to 5 cc bolus of Normal Saline
 6. Wait 1 to 2 minutes If SVT persists, administer ADENOSINE:
 - ☐ Adult: 12-18 mg extremely rapid IV push immediately followed by a 20 cc bolus of Normal Saline.

- ❑ Pediatric: 0.2mg/kg extremely rapid IV push immediately followed by a 2 to 5 cc bolus of Normal Saline

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7. If patient remains symptomatic, but stable reassess rhythm. Obtain additional 12 lead EKG (Post ADENOSINE)

MEDICAL CONTROL ONLY

8. If SVT persists, administer CARDIZEM

- ❑ **Adult: 0.25mg/kg slow IVP (use 50% in patients greater than 70 years old)**

9. Wait 15 minutes. If SVT persists, administer CARDIZEM

- ❑ **Adult: 0.35mg/kg slow IVP**

10. Take other actions as directed by On-Line Medical Control.